State of California
Department of Health Services

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Director

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October 2, 2003

CHDP Provider Information Notice No.: 03-21

TO: CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
             PROVIDERS

SUBJECT: CLARIFICATION OF PROCEDURES FOR COMPLETING THE
           CONFIDENTIAL SCREENING/BILLING REPORT (PM 160)

The purpose of this letter is to clarify procedures for completing the Patient Eligibility
section of the current Standard PM 160 when billing for services provided to CHDP
eligible children.

PATIENT ELIGIBILITY	COUNTY	AID	IDENTIFICATION NUMBER
1 ☐	If covered by Medi-Cal or preenrolled in CHDP Gateway, enter BIC number above.		
2 ☐	Patient eligible for CHDP benefits only (for dates-of-service through 9/30/03).		

Children who present with full scope, no cost, fee-for-service Medi-Cal

When completing the Patient Eligibility section of the PM 160 you must:

- Enter the 2-digit county code (01-58).

- Enter the aid code, which is found on the eligibility verification document (not a
  Gateway aid code, 8W or 8X).

- Enter the Beneficiary Identification Card (BIC) number found on the plastic card.

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www.consumerenergycenter.org/flex/index.html

1515 K Street, Suite 400, MS 8100, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400
Internet Address: http://www.dhs.ca.gov/pcfh/cms

- Place a checkmark in the box that reads "If covered by Medi-Cal, enter Medi-Cal I.D. number above" (box 1).

Children pre-enrolled in full scope, no cost, fee-for-service Medi-Cal through the CHDP Gateway

When completing the Patient Eligibility section you must:

- Enter the 2-digit county code (01-58).

- Enter the CHDP Gateway aid code (either 8W or 8X), which is found on the eligibility verification document. This aid code may not be the only aid code the child has.

- Enter the BIC number found on the plastic card or CHDP Gateway pre-enrollment response document.

- Place a checkmark in the box that reads "If covered by Medi-Cal, enter Medi-Cal I.D. number above" (box 1).

Children pre-enrolled in CHDP Gateway for CHDP services only

When completing the Patient Eligibility section you must:

- Enter the 2-digit county code (01-58).

- Enter aid code (8Y), which is found on the eligibility verification document. This aid code will not appear as the child's primary aid code. It will appear as a Special Aid Code. Please DO NOT enter the primary aid code.

- Enter the BIC number found on the plastic card or CHDP Gateway pre-enrollment response document.

- Place a checkmark in the box that reads "If covered by Medi-Cal, enter Medi-Cal I.D. number above" (box 1).

Children not enrolled in Gateway and receiving State funded CHDP services prior to January 1, 2004

When completing the Patient Eligibility section you must:

- Leave the county code, aid code and identification number fields blank.

- Place a checkmark in the box that reads "Patient not on Medi-Cal. Parent or guardian has read and signed eligibility statement (DHS 4073) which is attached" (box 2).

- Attach the pink copy of the DHS 4073 to the PM 160.

Please remember when billing for services to children with full scope, no cost, fee-for-service Medi-Cal or children pre-enrolled through the CHDP Gateway you must not attach a DHS 4073 (any version) to the PM 160. Attaching the DHS 4073 may result in delay or denial of payment.

If you have any questions regarding these procedures, please contact your local CHDP Program office.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch